

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395034</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/11/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>VINCENTIAN HOME</b>  STATE LICENSE NUMBER: <b>221002</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>111 PERRYMONT ROAD PITTSBURGH, PA 15237</b>		
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F 0000	INITIAL COMMENT	F 0000			
F 0656	Based on a complaint survey completed on April 11, 2023, it was determined that Vincentian Home was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0656			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0656  SS=D	Continued from page 1  483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	Resident R1 has a physician order written for current transfer status on 4/11/2023 and the Comprehensive Care Plan/Kardex updated to include the current order for transfers.  Resident R2 has a physician order written for current transfer status on 4/11/2023 and the Comprehensive Care Plan/Kardex updated to include the current order for transfers.  The facility will protect residents in similar situations by conducting a whole house audit of the KARDEX (communication to the nurse aides). This audit will include the physician order for transfer status is on the KARDEX. The whole house audit was completed on 4/20/2023.  Measures the facility will take include education conducted by the Therapy Director to the therapy department on therapy goals/interventions to be addressed in the resident plan of care as part of the IDT. Education will be provided to the license nurses on	Completion Date: <b>05/30/2023</b> Status: <b>APPROVED</b> Date: <b>04/21/2023</b>	

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F 0656  SS=D	Continued from page 2  discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.  This REQUIREMENT is not met as evidenced by:	F 0656	communication to the therapy department on any change of transfer status. The education will be provided by the DON/ADON. As transfer status orders change, the physician order will reflect changes and plan of care updated as needed. RNAC's/Designee will monitor that a therapy plan of care exists in the Comprehensive Care Plan for any resident on therapy case load.  Performance will be monitored resident transfer status by way of QA audits to be completed. RNAC/Designee will conduct three (3) audits weekly for four (4) weeks, then monthly for 3 months. The results of these audits will be reported by the DON/Designee at the quarterly Quality Assurance Committee Meeting.		

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F 0656  SS=D	<p>Continued from page 3</p> <p>Based on review of facility policies, clinical records and staff interviews, it was determined that the facility failed to develop a comprehensive care plan for two of two residents (Resident R1 and R2).</p> <p>Findings include:</p> <p>A review of facility policy "Comprehensive Care Plan Policy" dated 4/27/22, indicated that a comprehensive, person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial (referring to the mind's ability to, consciously or unconsciously, adjust and relate the body to its social environment) and functional needs is developed and implemented on each resident.</p> <p>A review of the clinical record indicated that Resident R1 was admitted to facility 3/9/23, with diagnoses that included respiratory failure, urinary tract infections, and dysphagia (a condition with difficulty in swallowing food or liquid).</p>	F 0656			

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F 0656  SS=D	<p>Continued from page 4</p> <p>A review of admission Minimum Data Set (MDS - assessment tool which forms the foundation of the comprehensive assessment for all residents of long-term care facilities) dated 3/16/23, indicated diagnosis to remain current upon review. Further review indicated that Section G: Functional Status, Question G0110 Activities of Daily Living (ADL) Assistance, indicated Resident R1 required extensive assistance with bed mobility, and toilet use, and required limited assistance for transfers, dressing, and personal hygiene. Question G0120 Bathing indicated Resident R1 required total dependence in bathing.</p> <p>A review of the clinical record's physicians order dated 3/24/23, indicated that Resident R1 "Transfers: Full body lift with A(ssist) of 2".</p> <p>A review of Resident R1's clinical record failed to reveal a person-centered care plan was developed to address interventions for Resident R1's ADL status and assistance needed for bed mobility, transfers, dressing, personal hygiene, and toilet use,</p>	F 0656			

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F 0656  SS=D	Continued from page 5  or physician ordered transfer status.  A review of the clinical record indicated that Resident R2 was admitted to facility 3/7/23, with diagnoses that included muscle wasting and atrophy (decrease in size or wasting away of a body part or tissue), respiratory failure, and diabetes mellitus (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).  A review of admission Minimum Data Set (MDS - assessment tool which forms the foundation of the comprehensive assessment for all residents of long-term care facilities) dated 3/14/23, indicated diagnosis to remain current upon review. Further review indicated that Section G: Functional Status, Question G0110 Activities of Daily Living (ADL) Assistance, indicated Resident R2 required extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. Question G0120 Bathing indicated Resident R2 required physical help in part of bathing activity.	F 0656			

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F 0656  SS=D	Continued from page 6  A review of the clinical record's physicians order dated 3/8/23, indicated that Resident R2 "Transfers 2 assist".  A review of Resident R2's clinical record failed to reveal a person-centered care plan was developed to address interventions for Resident R1's ADL status and assistance needed for bed mobility, transfers, dressing, personal hygiene, and toilet use, or physician ordered transfer status.  During an interview on 4/10/23, at 3:15 p.m. the Director of Nursing and the Director of Quality and Risk Management confirmed the facility failed to develop a comprehensive care plan for two of two residents (Resident R1 and R2).  28 Pa. Code 211.11(d) Resident care plan.	F 0656			

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P 2000	<p>§ 211.12(f)(1) Nursing services.</p> <p>(f) In addition to the director of nursing services, the following daily professional staff shall be available:</p> <p>(1) The following minimum nursing staff ratios are required:</p> <table><tr><td>Census</td><td>Day</td><td>Evening</td></tr><tr><td>Night</td><td></td><td></td></tr><tr><td>59 and under</td><td>1 RN</td><td>1 RN</td></tr><tr><td>1 RN or 1 LPN</td><td></td><td></td></tr><tr><td>60/150</td><td>1 RN</td><td>1 RN</td></tr><tr><td>1 RN</td><td></td><td></td></tr><tr><td>151/250</td><td>1 RN and 1 LPN</td><td>1 RN</td></tr><tr><td>and 1 LPN</td><td>1 RN and 1 LPN</td><td></td></tr><tr><td>251/500</td><td>2 RNs</td><td>2 RNs</td></tr><tr><td>2 RNs</td><td></td><td></td></tr><tr><td>501/1,000</td><td>4 RNs</td><td>3 RNs</td></tr><tr><td>3 RNs</td><td></td><td></td></tr><tr><td>1,001/Upward</td><td>8 RNs</td><td>6 RNs</td></tr><tr><td>6 RNs</td><td></td><td></td></tr></table> <p>This REGULATION is not met as evidenced by:</p>	Census	Day	Evening	Night			59 and under	1 RN	1 RN	1 RN or 1 LPN			60/150	1 RN	1 RN	1 RN			151/250	1 RN and 1 LPN	1 RN	and 1 LPN	1 RN and 1 LPN		251/500	2 RNs	2 RNs	2 RNs			501/1,000	4 RNs	3 RNs	3 RNs			1,001/Upward	8 RNs	6 RNs	6 RNs			P 2000	<p>The facility will meet the required minimum Registered Nurse (RN) coverage at least one RN per shift. The nursing schedule is created a month ahead of time. The Lead Nursing Office Coordinator is responsible for the continuous monitoring of the schedule process to assure the RN staffing is adequate for all shifts.</p> <p>Measures taken may include the addition of Registered Nurses from staffing agencies in addition to Vincentian Home employees. Daily deployment sheets will be reviewed daily by DON/Designee. RN shift supervisors will be educated to immediately contact DON/ADON if there is no coverage of an RN for the oncoming shift.</p> <p>DON/Designee will perform a daily audit and maintain records of such data to be presented as evidence of compliance. This audit will continue for an indefinite period as a sustained QAPI process. The DON/ADON will report the results of these audits at the quarterly Quality Assurance Committee Meetings.</p>	<p>Completion Date: <b>05/30/2023</b> Status: <b>APPROVED</b> Date: <b>04/21/2023</b></p>	
Census	Day	Evening																																													
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P 2000	<p>Continued from page 1</p> <p>Based on review of facility provided three week nurse staffing documentation and staff interview, it was determined the facility failed to maintain the minimum Registered Nurse staffing ratios for resident census for one of 21 days reviewed (4/5/23, night shift)</p> <p>Findings include:</p> <p>Review of the facility provided nursing staff documentation from 3/20/23 to 4/9/23, revealed the facility failed to meet the required minimum Registered Nurse (RN) ratio of one RN to 160 residents as follows:</p> <p>On 4/5/23, night shift, there are no RN hours reported, census was 160.</p> <p>During an interview on 4/11/23, at 4:15 p.m. the Director of Nursing confirmed that the facility failed to meet the minimum ratio of one RN to 160 residents on 4/11/23 by not providing RN coverage for a full shift.</p>	P 2000			



# Certified End Page

**VINCENTIAN HOME**

**STATE LICENSE NUMBER: 221002**

**SURVEY EXIT DATE: 04/11/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



**THIS IS A CERTIFICATION PAGE**

**PLEASE DO NOT DETACH**

**THIS PAGE IS NOW PART OF THIS SURVEY**